

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90019 032 ***150.00

DOCUMENT # P00000043484

1. Entity Name
CJR CONSULTING GROUP, INC.



Principal Place of Business

P.M.B. 330
12620-3 BEACH BLVD.
JACKSONVILLE, FL 32246

Mailing Address

P.M.B. 330
12620-3 BEACH BLVD.
JACKSONVILLE, FL 32246

2. Principal Place of Business

7040 W Palmetto Park Rd
Suite, Apt. #, etc.
Ste 4, PMB 649

3. Mailing Address

7040 W Palmetto Park Rd
Suite, Apt. #, etc.
Ste 4, PMB 649

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33433

Country

Zip

33433

Country

03252005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3641088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINGWALD, CAROL J
4537 CRYSTAL BROOK WAY
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7040 W Palmetto Park Rd
Ste 4, PMB 649

City

Boca Raton

FL

Zip Code

33433

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carol J. Ringwald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/26/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
O
RINGWALD, CAROL J
4537 CRYSTAL BROOK WAY
JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7040 W Palmetto Park Rd
Ste 4, PMB 649
Boca Raton, FL 33433 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol J. Ringwald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/05

Date

Daytime Phone #